Name In Full

Mrs. Sallie Engle

Certificate of Death

Died at Big Spring (Town) Washington (County) MARYLAND

Date 1899 Month 1 Day 30 | Y. 72 M. D. | Native of | Occupation

~~Male~~ Female | White Colored | ~~Single~~ Married | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 6

~~Husband~~ Wife of Harrison Engle

Father's Name | Mother's Name 161

Cause of Death: Primary — Complication of diseases — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Transcript 2-7

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name In Full — Certificate of Death

Joseph Barkdol

Died at Town Leitersburg County Washington MARYLAND

Date 1899 Month Jan. Day 13th Age Y. 86 M. 10 D. 2 Native of Md. Occupation Farmer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ Number of children living 6

Husband of Wife 141

Father's Name John Barkdol Mother's Name Christina Barkdol

Cause of Death: Primary Old age, How long sick Three months

Immediate Gen. al Debility ~~Accident, Suicide, Homicide~~

Reported by J. H. Wishard

Address Leitersburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70818

Name in Full: Isaac, Barnett

Certificate of Death

Died at — Town: Hagerstown — County: Wash — MARYLAND

Date 1899 — Month: Jan — Day: 7 — Age: Y. 41 M. D. — Native of: Va — Occupation: Laborer

Male — ~~Female~~ — ~~Waiting~~ — Colored — Married — ~~Single~~ — ~~Widow~~ — ~~Widower~~ — ~~Divorced~~ — Number of children living

Husband / Wife of: Jennette Butler

Father's Name: Benjamin — Mother's Name: Harriett Mason

Cause of Death — Primary: Consumption — How long sick: about one yr

Immediate: " 22a — Accident, Suicide, Homicide

Reported by: E. A. Wairham

Address: Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full: David Barnhart — Certificate of Death

Died at Town: Leitersburg County: Washington MARYLAND

Date 189 9 Month: Jan. Day: 29 | Age Y. 3-6 M. 10 D. 14 | Native of: Md | Occupation: Carpenter

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 6

Husband of ~~Wife~~ Annie Barnhart —

Father's Name: John Barnhart — Mother's Name: Susan Barnhart —

Cause of Death: Primary: Pneumonia 9 — How long sick: 3 weeks

Immediate: Abscess of Liver — ~~Accident, Suicide, Homicide~~

Reported by: J. H. Bishard

Address: Leitersburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65958

Name in Full

Certificate of Death

Mary E Blessing

Died at Town: Hagerstown County: Washington Co MARYLAND

Date 1895 Month: Jany Day: 17. Age Y. 64 M. 4 D. 29. Native of Maryland Occupation Housework

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~

Number of children living 1.

~~Husband~~ Wife of David Pannal

Father's Name Henry Blessing

Mother's Name

Cause of Death: Primary Chronic Bronchitis — How long sick 7 years

Immediate Exhaustion — ~~Accident, Suicide, Homicide~~

70

Reported by A. S. Mackey

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65[illegible]

Name in Full | Certificate of Death

Thomas Boller

Died at Town: Hagerstown County: Wash MARYLAND

Date 1899 Month 1 Day 29 | Age Y 20 M. — D. — | Native of Co | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of Wife ———

Father's Name Charles Boller | Mother's Name Mary Boller

Cause of Death: Primary Nephritis & Carditis | How long sick 6 mo.

Immediate Uremia 97 | ~~Accident, Suicide, Homicide~~

Reported by Wm Preston Miller M.D.

Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full

Certificate of Death

Mary C. Butzler

Died at Town Hagers County Washington MARYLAND

Date 1899 Month Jan Day 5 Age Y. 1. M. 7. D. 4 Native of Md Occupation ∝

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Geo Butzler

Mother's Name Bertha Moser

Cause of Death Primary Meningitis

Immediate Convulsion

How long sick 10 days

~~Accident, Suicide, Homicide~~

Reported by J McPscott

Address Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65868

Name in Full William Conrall Clayburn

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 1899 Month Jan Day 19 | Age Y. 38 M. 4 D. | Native of Md | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name John Clayburn | Mother's Name

Cause of Death: Primary Pneumonia 72 | How long sick 12 days

Immediate Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by W. S. Monroe M.D.

Address Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Walter A Early

Certificate of Death

Died at Town: Hagerstown County: Washington MARYLAND

Date 1899 Month: Jan Day: 23 Age Y. 13 M. D. Native of: [redacted] W. Va Occupation: none

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: Wm Early

Mother's Name: Minnie Coal

Cause of Death: Primary: Pistol in Brain

Immediate: " " "

How long sick: 15 hours

~~Accident, Suicide~~ Homicide

Reported by: E A Wareham

1526

Address: Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Catharine Ford

Certificate of Death

Died at Town Indian Springs County Washington MARYLAND

Data 189 9 Month 1 Day Age Y. 78 M. D. Native of Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~ Wife of John H. Ford

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Transcript 1-21

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79798

Name in Full — Certificate of Death

Alice Virginia Gower

Died at — Town: Funkstown, County: Washington — MARYLAND

Date 1899 — Month: Jan — Day: 9th — Age: Y. 43, M. 3, D. 11 — Native of: Maryland — Occupation: Teacher

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~of~~ ~~Wife~~

22a

Father's Name: Henry Gower — Mother's Name: Mary Kershaw Gower

Cause of Death — Primary: Consumption — How long sick: Several years

Immediate: Consumption — ~~Accident, Suicide, Homicide~~

Reported by: A H W Ragan M.D.

Address: Hagerstown Maryland,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65968

Name in Full Infant — Hahn

Certificate of Death

Died at Town County Wash — MARYLAND

Date 1899 Month Day Jan 22 Age Y. — M. D. 5 Native of Md Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower Number of children living —

Husband of Wife

Father's Name Wm Hahn Mother's Name F. A. McLean

Cause of Death Primary Malnutrition How long sick 5 days

Immediate " 13 at Accident, Suicide, Homicide

Reported by C. H. W. Rugen

Address Hagerstown, Md —

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Thomas H. Jackson

Certificate of Death

Died at Town: Hagerstown County: Wash MARYLAND

Date 1899 Month: Jan. Day: 1 | Age Y. 28 M. 5 D. 1 | Native of: Hagerstown | Occupation: Laborer

Male: yes ~~White~~ Married: yes ~~Widow~~ Divorced

~~Female~~ Colored: yes ~~Single~~ Widower: yes Number of children living

Husband / Wife of: Eva Montgomery

Father's Name: Daniel Jackson Mother's Name: Anna Jackson

Cause of Death: ~~Primary~~ Sudden death

~~Immediate~~ no inquest necessary

How long sick: 161

~~Accident, Suicide, Homicide~~

Reported by: E A Wanham

Address: Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Mary Elizabeth Kealhofer

Died at Town Hagerstown County Washington, MARYLAND

Date 189 Month Jan. Day 26 Age Y. 81. M. 11. D. 14 Native of Maryland Occupation Lady

~~Male~~ Female White ~~Colored~~ Married / Single ~~Widower~~ Widow ~~Divorced~~ Number of children living 2-

~~Husband~~ Wife of George Kealhofer

Father's Name C. F. Hanenkamp Mother's Name Margaret Hemrichouse

Cause of Death: Primary Fracture neck femur — How long sick 2 yr. 7 mos

Immediate Gastric Catarrh — ~~Accident, Suicide, Homicide~~

Reported by J. W. Humrichouse M. D. 143

Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Mary E. Grace Keller

Certificate of Death

Died at: Town: Hagerstown County: Washington MARYLAND

Date 1899 Month 1 Day 12 Age Y. 5 M. 8 D. 23 Native of Md Occupation child

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ ~~of~~

~~Father's Name~~ Charles Keller

Mother's Name Sallie E Keller

Cause of Death: Primary Diphtheria 8a How long sick 8 days

Immediate Heart Failure ~~Accident, Suicide, Homicide~~

Reported by J. E. Pitmogle

Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Certificate of Death

Lucy Lake

Died at Town near Williamsport County Washington MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189 9	1	21	Age 107			

~~Male~~ Female | White Colored | Married ~~Single~~ | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Mountain Democrat 1-26

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full: Amelia Lewis

Certificate of Death

Died at — Town: Hagerstown — County: Wash — MARYLAND

Date 1892 — Month: Jan — Day: 8 — Age: Y. 64 M. 6 D. 20 — Native of: Md — Occupation: Housework

~~Male~~ ~~White~~ ~~Married~~ Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widowed~~ Number of children living 5

Husband / Wife of: Dennis Lewis

Father's Name: C Jenkins — Mother's Name: Mary Harris

Cause of Death — Primary: Gastritis — How long sick: about 2 mo

Immediate: General Prostration — ~~Accident, Suicide, Homicide~~

Reported by: E. A. Wareham 81

Address: Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Geo. H. McAllister

Died at Town Hicksville County Washington MARYLAND

Date 1899 Month 1 Day | Age Y. 78 M. D. | Native of | Occupation

Male ~~Female~~ | White Colored | Married Single | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name | Mother's Name

Cause of Death: Primary Asthma 76 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Mountain Democrat 1-26

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

0/70/12/17

Name in Full — Certificate of Death

Infant Child of Amos and Fannie Martin

Died at Town: Cearfoss — County: Washington — MARYLAND

Date 1899 — Month: Jan. — Day: 4th. — Age: Y. 0 M. 0 D. 4 — Native of: Md — Occupation: —

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — ~~Number of children living~~

Husband / Wife of —

Father's Name: Amos Martin — Mother's Name: Fannie Martin

Cause of Death — Primary: Tetanus Neonatorum — How long sick: 2 days

Immediate: 140 — ~~Accident, Suicide, Homicide~~

Reported by: D. C. R. Miller M. D.

Address: Mason + Dixon Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 6668

Name in Full

Certificate of Death

Guy R. Miller

Died at Town Hagerstown County Washington MARYLAND

Date 189 Month Jan Day 3rd Age Y. 72 M. 11 D. 22 Native of Md Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widower~~ ~~Widow~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name Francis Miller Mother's Name Annie E Miller

Cause of Death: Primary Pneumonia How long sick

Immediate Pneumonia ~~Accident, Suicide, Homicide~~

Reported by C. W. Fagan M.D.

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65908

Pfr 4th (63)

Name in Full — Certificate of Death

Mrs Matilda Fourman

Died at Town: Hagerstown. County: Washington — MARYLAND

Date 1899 Month: Jan. Day: 10th | Age Y. 70 M. — D. — | Native of Maryland | Occupation Housewife

~~Male~~ Female — ~~White~~ Colored — Married — ~~Single~~ — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ — Number of children living One

~~Husband~~ Wife of Nat Fourman

~~Father's Name~~ — ~~Mother's Name~~

Cause of Death: Primary — Dyspepsia Heart Trouble — How long sick: died suddenly

Immediate — 57

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by L. M. Hatkins Undertaker

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Barney Nycum

Certificate of Death

Died at Town near Hancock County Washington MARYLAND

Date 1899 Month 1 Day 4 | Age Y. 70 M. D. | Native of | Occupation

Male ~~Female~~ | White Colored | Married Single | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name | Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Courier

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full Dr. J. Bernard O'Farrell

Certificate of Death

Died at Town Hancock County Washington MARYLAND

Date 189 9 Month 1 - Day 7 | Age Y. M. D. | Native of | Occupation

Male / ~~Female~~ | White / ~~Colored~~ | Married / Single | Widow / Widower | Divorced / Number of children living

Husband / Wife of

Father's Name

Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Williamsport Transcript

Address [redacted] 1-14

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full: Malinda. Peacher

Certificate of Death

Died at: Town: Garrott's Mills — County: Washington — MARYLAND

Date 1899 — Month: 1 — Day: 7 — Age: Y. 40 — M. – — D. – — Native of: W. Va — Occupation: Housewife

~~Male~~ — White — Married — Widow — ~~Divorced~~

Female — ~~Colored~~ — ~~Single~~ — ~~Widower~~ — Number of children living: 3

~~Husband~~ Wife of: Albert. Peacher

Father's Name: Don't Know — Mother's Name: Don't Know

Cause of Death — Primary: Exposure 118 — How long sick: 4 day

Immediate: Misscarriage — ~~Accident, Suicide, Homicide~~

Reported by: J. T. Yourtee M D

Address: Brownsville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name In Full

John Pyman

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Data 189 0 Month 1 Day 30 | Age Y. 50 M. D. | Nativa of Switzerland | Occupation

Male / ~~Female~~ | White / Colored | Married / Single | Widow / Widowar | Divorced / Number of children living

Husband of
Wife

Father's Name

Mothar's Name

Causa of Death — Primary: 161 — How long sick

Immadiate — Accidant, Suicide, Homicide

Reportad by Transcript 2-4.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertakar or minister.

LIBRARY BUREAU, 7980B

Name In Full Anna Reeder

Certificate of Death

Died at Town Clearspring County Washington MARYLAND

Date 189 Month / Day 27 | Age Y. 71 M. D. | Native of | Occupation

Male / ~~Female~~ | White / Colored | Married / ~~Single~~ | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ | Number of children living 8

Husband / Wife of

Father's Name

Mother's Name

Cause of Death: Primary Paralysis 4 4 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Transcript 2-4

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

Edward Perley

Died at Town near Melbourne Station County Washington MARYLAND

Date 189 9 Month 29 Day Age 35 Y. M. D. Native of Occupation

Male ~~Female~~ White Colored Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name

145e

Cause of Death: Primary — Kicked in head by horse — How long sick

~~Immediate~~

Accident, Suicide, Homicide

Reported by Emmitsburg Chronicle. 2-8

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

Name In Full

Certificate of Death

John G Robinson

Died at Town Smithsburg County Wash MARYLAND

Date 1899 Month Jan Dey 12 Age Y. 78 M. D. Native of Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 7

Husband of Wife Elmira Robinson

Father's Name Not Known Mother's Name Not Known

Cause of Death Primary Grip 9 How long sick 6 Days

Immediate Congestion of the lungs Accident, Suicide, Homicide

Reported by J. L. Jarbon

Address Smithsburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

Name in Full Saml. A Root

Certificate of Death

Died at Town Hagerstown County Wash — MARYLAND

Date 1899 Month Jan Day 21 Age Y. 67 M. 6 D. Native of Conn Occupation Mechanic

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 4

Husband ~~Wife~~ of Mary E Root 57

Father's Name Samuel Root Mother's Name

Cause of Death Primary Heart Disease How long sick [illegible]

Immediate Heart Disease ~~Accident, Suicide, Homicide~~

Reported by O H W Ragan MD

Address Hagerstown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

William Rummel

Died at Town: near State Line, Pa. County: Washington MARYLAND

Date 1899 Month: Jan Day: 12 | Age Y.: 36 M.: 2 D.: 10 | Native of: Md | Occupation: Carpenter

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 1

Husband / Wife of: Ida Graham

Father's Name: Henry Rummel Mother's Name: Catharine Carl.

Cause of Death: Primary: Pulmonary Tuberculosis How long sick: 15 mos.

Immediate: 22a ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: D. C. R. Miller M.D.

Address: Mason & Dixon Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65218

Name in Full

David Calvin Shank

Certificate of Death

Died at Town: near Leitersburg County: Washington MARYLAND

Date 1899 Month: Jan Day: 25 | Age Y.: 45 M.: — D.: 24 | Native of: Wash Co. | Occupation: Laborer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living: 5

Husband ~~Wife~~ of Clara Miller Shank

Father's Name: Christopher Shank | Mother's Name: Nancy Shank

Cause of Death — Primary: Pulmonary Phthisis 22a | How long sick: two months

Immediate | Accident, Suicide, Homicide

Reported by: Grayson R. Shaver M.D.

Address: Leitersburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full | Certificate of Death

Mrs Louisiana Socks

Died at Town: Halfway County: Washington MARYLAND

Date 1899 Month: Jan Day: 11 | Age Y: 60 M.: — D.: — | Native of: Md. | Occupation: House wife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

Husband / Wife of: Geo. Socks

Father's Name: — Mother's Name: — 72

Cause of Death: Primary: Carditis Nephritis Pneumonia How long sick: 1 wk

Immediate: Exhaustion ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: Wm Preston Miller

Address: Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Catharine Spielman

Died at Town: Hagerstown County: Washington MARYLAND

Date 189	Month	Day	Age Y.	M.	D.	Native of	Occupation
	1	16	53	—	—	Md	Housewife

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / ~~Single~~ / ~~Widow~~ / Widower — ~~Divorced~~ — Number of children living: Two

Husband / Wife of: Wesley Spielman

Father's Name: — Watkins — Mother's Name: —

Cause of Death — Primary: Phthisis 220 — How long sick: Two years

Immediate: Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by: Wm Preston Zeller

Address: Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 45988

Name in Full Elizabeth Stouffer

Certificate of Death

Died at Town County Washington — MARYLAND

Date 1899 Month Jan Day 30th Age Y. 71. M. 9 D. — Native of Maryland — Occupation none —

~~Male~~ Female White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name John W. Stouffer Mother's Name 100 Petrie

Cause of Death Primary Disease of Kidneys & Heart Several months How long sick

Immediate Infirmities of age ~~Accident, Suicide, Homicide~~

Reported by A H W Kagan

Address Hagerstown Md,

Must be signed by physician, if any in attendance, otherwise by coroner, undartaker or minister.

LIBRARY BUREAU, 65069

Name in Full Sophia Stouffer — Certificate of Death

Died at Town: Hagerstown County: Washington — MARYLAND

Date 18[illegible] Month: Jan Day: 29 | Age Y.: 74 M.: D.: | Native of: Md | Occupation: Widow.

~~Male~~ / Female — White — Married — Widow — ~~Divorced~~

~~Colored~~ — ~~Single~~ — ~~Widower~~ — Number of children living: One

~~Husband~~ / Wife of J. D. Stouffer

Father's Name — Mother's Name

Cause of Death: Primary: Paralysis 44 — How long sick: 3 years

Immediate: Heart Failure

~~Accident~~, Suicide, ~~Homicide~~

Reported by G. E. Murray MD

Address Hagerstown Washington Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, STORR

Name in Full

Certificate of Death

Elizabeth Strite

Died at Town Leitersburg County Washington MARYLAND

Date 1899 Month Jan. Day 4th | Age Y. 73 M. 11 D. 14 | Native of Maryland | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 7

~~Husband~~ Wife of David Strite

Father's Name David Horst | Mother's Name Magdalena Horst

Cause of Death: Primary Heart Disease | How long sick about 3 years

Immediate Dropsy 57 | ~~Accident, Suicide, Homicide~~

Reported by Dr. J. H. Wishard

Address Leitersburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Merle B Widdows

Certificate of Death

Died at — Town: Hagerstown — County: Wash — MARYLAND

Date 1899 — Month: Jan — Day: 9 — Age: Y. 2, M. 11, D. — Native of: Md — Occupation: —

Male — White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — Single — ~~Widower~~ — ~~Number of children living~~

Husband / Wife of

Father's Name: Wm Widdows. — Mother's Name: Amelia McBarnes

Cause of Death — Primary: Diphtheria 8a — How long sick: 2 weeks

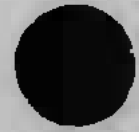
Immediate: Paralysis Throat Muscles — ~~Accident, Suicide, Homicide~~

Reported by: E C Wanlecin

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65960



Name In Full

Certificate of Death

Ella Stilkes

Town

County

Died at near Williamsport Washington MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1899	27	Age 11				

~~Male~~ Female | White Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name Edmund Stilkes

Mother's Name

Cause of Death: Primary Pneumonia 72

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Transcript 2-7

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Daniel Wolfinger — Certificate of Death

Died at Town: Leitersburg County: Washington MARYLAND

Date 1899 Month: Jan. Day: 19 | Age Y.: 65 M.: 7 D.: 27 | Native of: Md. | Occupation: Merchant

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — ~~Number of children living~~

Husband / Wife of _____

Father's Name: Jacob Wolfinger — Mother's Name: Nancy Wolfinger

Cause of Death — Primary: General debility due to excessive use of — How long sick: 6 months

Immediate: Dropsy — ~~Accident, Suicide, Homicide~~

Reported by: J. H. Wishard for 25 years — 155 a

Address: Leitersburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Russell D. Wright

Died at — Town: Hagerstown — County: Washington — MARYLAND

Date 1899 — Month: Jan — Day: 24th — Age: Y. 6 M. 8 D. — Native of — Occupation

Male ~~Female~~ — White ~~Colored~~ — ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ — Number of children living 72

~~Husband~~ of Wife

Father's Name: L. M. Wright — Mother's Name: Carrie G. Wright

Cause of Death — Primary: Pneumonia — How long sick: 10 days

Immediate: Pneumonia

~~Accident, Suicide, Homicide~~

Reported by: A. W. Ragan M.D.

Address: Hagerstown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Daisy Viola Zittle

Died at Town Grimes County Washington MARYLAND

Date 1899 Month Jan. Day 6 Age Y. 14 M. 9 D. 16 Native of Md. ~~Occupation~~

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number ~~of children living~~

Husband of Wife

Fathar's Name Thomas Zittle

Mother's Name Mary Shoemaker 5

Cause of Death

Primary Muscles by pneumonia

Immediate Congestion of lungs

How long sick 4

Accident, Suicide, Homicide

Reported by Rich J. Duckett M.D. 5

Address Bakersville Wash. Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968